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PTO/SB/21 (08-03)

Approved for use through 08/30/03. OMB 0651-0031

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TRANSMITTAL FORM <small>For all correspondence after initial filing</small>	Application Number	10/668,781	
	Filing Date	September 22, 2003	
	First Named Inventor	Syed F.A. Hossainy	
	Group Art Unit	3731	
	Examiner Name	Uyen T. Ho	
Total Number of Pages in This Submission	7	Attorney Docket Number	50623.333

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Response To Office Action (pages)	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Amendment Transmittal Letter (in duplicate)	<input checked="" type="checkbox"/> Request for Continued Examination Transmittal (RCE) (1 page) (in duplicate)	<input type="checkbox"/> Statement of Common Ownership (1 page)
<input type="checkbox"/> Statement of Common Ownership	<input checked="" type="checkbox"/> Fee Transmittal (1 page) (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input checked="" type="checkbox"/> Petition for Extension of Time (1 months)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other:
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 citing References	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Express Mail Label No. EV 687 138 995 US	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Mark Lupkowski, Reg. No. 49,010
Signature	
Date	March 28, 2006

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in a box addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: March 28, 2006			
Typed or printed name	Patricia Gamble		
Signature		Date	March 28, 2006



TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **\$910.00****Complete if Known**

Application Number	10/668,781
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

2. ☐ **Payment Enclosed:**
☐ Check ☐ Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

<u>Large Entity</u> • Fee Code/Fee	<u>Small Entity</u> Fee Code/Fee	Fee Description	Fee Due
1011/\$300	2011/\$150	Utility Filing	<input type="text"/>
1017/\$200	2017/\$100	Design Filing	<input type="text"/>
1014/\$300	2014/\$150	Reissue	<input type="text"/>
1005/\$200	2005/\$100	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$) 0

2. CLAIMS

<u>Large Entity</u> Fee Code/Fee	<u>Small Entity</u> Fee Code/Fee	Fee Description
1202/ \$50	2202/ \$25	Claims in excess of 20
1201/ \$200	2201/ \$100	Independent claims in excess of 3
1203/ \$360	2203/ \$180	Multiple dependent claim

110/\$18	210/\$9	Reissue claims in excess of 20 and over original Patent
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Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
1051/ \$130	2051/ \$65	Surcharge - late filing fee or oath	<input type="text"/>
1052/ \$50	2052/ \$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/ \$2,520	147/ \$2,520	For filing a request for reexamination	<input type="text"/>
1251/ \$120	2251/ \$60	Extension for response within first month [†]	120
116/ \$450	2252/ \$225	Extension for response within second month [†]	<input type="text"/>
1253/ \$1,020	2253/ \$510	Extension for response within third month [†]	<input type="text"/>
1254/ \$1,590	2254/ \$795	Extension for response within fourth month [†]	<input type="text"/>
1255/ \$2,160	2255/ \$1,080	Extension for response within fifth month [†]	<input type="text"/>
1401/ \$500	2401/ \$250	Notice of Appeal	<input type="text"/>
1453/ \$1,500	2453/ \$750	Petition to revive unintentionally abandoned Application	<input type="text"/>
1501/ \$1,400	2501/ \$700	Utility Issue Fee (Or Reissue)	<input type="text"/>
1502/ \$800	2502/ \$400	Design Issue Fee	<input type="text"/>
122/ \$130	122/ \$130	Petitions to the Commissioner	<input type="text"/>
123/ \$50	123/ \$50	Petitions related to provisional applications	<input type="text"/>
1806/ \$180	1806/ \$180	Information Disclosure Statement	<input type="text"/>
581/ \$40	581/ \$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809/ \$790	2809/ \$395	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
1801/ \$790	2801/ \$395	Request for Continued Examination (RCE)	790

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) **(\$)**910.00

(Col. 1)		(Col. 2)		(Col. 3)			
For	No. of Existing Claims		Highest No. Previously Paid For		Extra**	x	Fee
TOTAL		minus*	20 or	=	0	x	\$50
INDEP		minus*	3 or	=	0	x	\$200
First presentation of multiple dependent claim							= 0

* Subtract the greater number of Col. 2

**** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3**

SUBTOTAL (2) (\$0)

SUBMITTED BY

Typed or Printed Name

Mark Lupkowski

Complete (if applicable)

Reg. Number	
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49.010

Signature

Date _____

March 28, 2006